

Practitioner's Docket No. 1042.003

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

A HYGIENE STATION FOR INDIVIDUALS

SPECIFICATION IDENTIFICATION

The specification is filed herewith.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. Section 119(e))

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional and design application(s) listed below:

PROVISIONAL APPLICATION NUMBER

60/456,292

FILING DATE

March 20, 2003

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

Eric M. Dobrusin
Scott A. Chapple
Theresa A. Orr
Jenny Lee
Christopher Voci
James M. McPherson

REGISTRATION NUMBER(S)

33,867
46,287
34,890
46,865
45,184
53,306

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Allen Samuels

Inventor's signature

Date 3.18.04

Residence Ann Arbor, MI

Post Office Address 3998 Rams Gate Ct.

A handwritten signature in cursive script, appearing to read "Allen Samuels", written over a horizontal line.

Country of Citizenship United States